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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10/551053</div> | FILING DATE <div style="height: 20px; border: 1px solid black;"></div> |
| APPLICANT(S) | | |

CLAIMS

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